

OFFICIAL

NEW YORK

-94-

Attachment 4.19-0  
Part I

86-2.27 Termination of service. The Division of Health Care Financing in the Department of Health shall be notified immediately of the deletion of any previously offered service or of the withholding of services from patients paid for by government agencies. Such notifications shall include a statement indicating the date of the deletion or withholding of such service and the cost impact on the residential health care facility of such action. Any overpayments by reason of such deletion of previously offered service shall bear interest and be subject to penalties both in the manner provided in section 86-2.7 of this Subpart.

86-4

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86-2.28 Return on investment. (a) [In] For rate year 1993, in computing the allowable cost of a proprietary residential health care facility, there will be included, after subtracting for current and noncurrent time deposits and equivalents, investments and construction in progress, a reasonable return on average equity capital [excluding capital invested in land, plant, fixed equipment and capital improvements thereto.] invested for necessary and proper operation for patient care activities of residential health care facility and related organizations, as defined in section 86-2.26(a) of this Subpart. For purposes of this section, average equity capital shall mean the difference between total assets less total liabilities averaged over the applicable cost report period, including assets and liabilities attributable to land, plant, fixed equipment and capital improvements thereto. It shall also include the average equity capital of related organizations proportionate with the percentage of a related organization's business with the residential health care facility, as calculated in the annual report forms filed in accordance with section 86-2.2 of this Subpart.

(b) The allowable average equity capital shall be further adjusted by subtracting the equity, as that term is defined in section 86-2.21(a)(4) of this Subpart, upon which a return is calculated pursuant to section 86-2.21(e)(6) of this Subpart. The return on investment for rate year January 1, 1993 shall be computed on the basis of allowable fiscal and statistical data submitted by the facility for the fiscal year ended December 31, 1991, or other applicable cost report period used to determine the capital component of the 1993 rate, in accordance with section 86-2.21 of this Subpart. The return on investment for subsequent

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New York  
95(a)

86-2.28  
Attachment 4.19-D  
Part I

rate year shall be based upon the annual cost report used by the department to determine the capital component of the rate in accordance with section 86-2.21 of this Subpart. The percentage to be used in computing the return on investment shall be [that percentage determined annually by the commissioner and shall be] equal to the twenty-six week United States Treasury Bill rate in effect on the second Wednesday of September of the year prior to the rate year.

**OFFICIAL**

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**OFFICIAL**

NEW YORK  
-96-

Attachment 4.19-0  
Part I

86-2.29 Payments to receivers. - Section deleted from State Plan.

86-4  
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**OFFICIAL**

NEW YORK  
-97-

Attachment 4.19-0  
Part I

86-4  
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OFFICIAL

NEW YORK  
-98-

Attachment 4.19-D  
Part I

86-2.30 Residential Health Care Facilities Patient Assessment for  
Certified Rates.

(a) For the purpose of determining reimbursement rates  
effective January 1, 1986, and thereafter, for governmental payments  
each residential health care facility shall, on an annual basis or  
more often as determined by the department, pursuant to this  
subpart, assess all patients to determine case mix intensity using  
the patient review criteria and standards promulgated and published  
by the department (Patient Review Instrument [PRI] and  
Instructions: Patient Review Instrument) and specified in appendix  
7 infra.

(b)(1) The patient review form (PRI) shall be submitted  
according to a written schedule determined by the department. Such  
written schedule shall be established by the Commissioner of Health  
with notice to residential health care facilities. Extension of the  
time for filing may be granted upon application received prior to  
the due date of the Patient Review Forms and only in circumstances  
where the residential health care facilities establishes, by  
documentary evidence, that the patient review forms cannot be  
submitted by the due date for reasons beyond the control of the  
facility.

86-4  
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(2) Rate schedules shall not be certified by the Commissioner of Health unless residential health care facilities are in full compliance with the requirements of this section. Compliance with the assessment requirements of this section, shall include, but not be limited to, the timely filing of properly certified patient review forms (PRI) which are complete and accurate. Failure of a residential health care facility to file the patient review form (PRI) pursuant to the written schedule established pursuant to this subdivision, shall subject the residential health care facility to a rate reduction set forth in section 86-2.2 of this Subpart.

(c) The operator of a residential health care facility shall ensure:

(1) that the patient review form (PRI) is completed for all patients of the facility pursuant to subdivision (a) of this section.

(2) that the patient review form (PRI) is completed by a registered professional nurse who is qualified by experience and demonstrated competency in long term care and who has successfully completed a training program in patient case mix assessment approved by the department to

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train individuals in the completion of the patient review form (PRI) for the purposes of establishing a facility's case mix financial reimbursement; and

[(3) notwithstanding paragraph (2) of this subdivision, an operator of a free-standing health-related facility may substitute no more than two licensed practical nurses who are qualified by experience and demonstrated competence in long-term care and who have successfully completed a training program in patient case mix assessment for the purposes of establishing a facility's case mix financial reimbursement for meeting the required number of assessors pursuant to subdivision (d) of this section. Such substitution may occur only in the instance that a free-standing health-related facility does not employ a sufficient number of staff registered nurses to meet the required number of assessors pursuant to subdivision (d) of this section; and

(4)] (3) that the patient review form (PRI) is certified by the operator and the nurse assessor responsible for completion of the patient review form (PRI). (The form of the certification required shall be as prescribed in the report form provided by the department.)

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OFFICIAL

NEW YORK  
-101-

Attachment 4.19-D  
Part I

(d) In order to maximize reliability and accuracy, a limited number of personnel for each residential health care facility may be responsible for completion of the patient review form (PRI) during each assessment period. The maximum number of personnel which may be responsible for residential health care facility is as follows:

<u>Bed Size of Facility</u>	<u>Number of Responsible Assessors</u>
<u>Under 100</u>	<u>Two</u>
<u>101 to 200</u>	<u>Three</u>
<u>201 to 300</u>	<u>Four</u>
<u>301 to 400</u>	<u>Five</u>
<u>401+</u>	<u>Five plus one additional</u> <u>assessor for each</u> <u>additional 100 beds or</u> <u>part thereof.</u>

(e)(1) The Department shall monitor and review each residential health care facility's performance and its patient assessment function as described in this section through the following activities which may include but shall not be limited to:

(i) Analysis of patient case mix profiles and statistical data;

(ii) Review of information provided by the residential health care facility; and

86-4  
supersedes

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Effective Date

JAN. 1 1988

OFFICIAL

NEW YORK  
-102-

Attachment 4.19-D  
Part I

(iii) On-site inspections.

(2) The purpose of the department's monitoring and review shall be to determine whether the residential health care facility is complying with the assessment requirements contained in this section.

(3) The patient review form (PRI) and any underlying books, records, and/or documentation which formed the basis for the completion of such form shall be subject to review by the department.

(4) The department shall acknowledge, in writing, receipt of the residential health care facilities patient review forms (PRI). In the event that any information or data that the facility has submitted is inaccurate or incorrect, the facility shall correct such information or data in the following manner:

(i) The facility shall submit to the department, within five days of receipt of the department's written acknowledgement provided for in this paragraph, such corrections on a form which meets the same certification requirements as the document being corrected. Once receipt of corrected data is acknowledged in writing by the department, a residential health care facility may not correct or amend the patient review for (PRI) or submit any additional information for the assessment period.

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86-4  
superseded  
85-6